

## **Consortium of National Networks to Impact Populations Experiencing Tobacco-Related and Cancer Health Disparities-Funding Opportunity Announcement: CDC-RFA-DP13-1314**

Informational Call for Potential Applicants, Friday, June 7, 2013, 3:00 PM (ET)

Facilitators: Nikki Hayes, MPH, CDC, NCCDPHP Division of Cancer Prevention and Control and Karla Sneegas, MPH, CDC, NCCDPHP, Office on Smoking and Health

This funding opportunity announcement (FOA) is a collaborative effort between the CDC's National Center for Chronic Disease Prevention and Health Promotion's (NCCDPHP) Division of Cancer Prevention and Control (DCPC) and Office on Smoking and Health (OSH) to work together to impact tobacco-related and cancer health disparities in specific populations. It is jointly funded to provide over \$5 million in programmatic support. This FOA builds upon the successes of previous programs.

Learning objectives for this informational call were to provide a program description of the National Tobacco Control Program (NTCP) and the National Comprehensive Cancer Control Program; orient potential applicants to the FOA; describe the application process, the objective review process, and the application evaluation criteria.

The National Comprehensive Cancer Control Program (NCCCP) currently funds 65 grantees in all 50 states, the District of Columbia, and seven tribes and tribal organizations and seven US Associated Pacific Islands and US Territories to support to convene stakeholders, assess epidemiologic data, and prepare and implement formal plans to reduce the incidence and burden of cancer in their state and local areas. NCCCP Priorities are to emphasize primary prevention of cancer; support early detection and treatment activities; address public health needs of cancer survivors; implement policy, systems, and environmental changes to guide sustainable cancer control; promote health equity as it relates to cancer control; and demonstrate outcomes through evaluation.

The National Tobacco Control Program currently funds all 50 States & District of Columbia, 2 Territories, 6 Pacific Jurisdictions, 8 Tribal Support Centers, 6 National Networks, 3 National Associations: NACCHO, NALBOH, ASTHO, 1 Training and Technical Assistance Provider: Tobacco Technical Assistance Consortium, and 1 Peer Support Network: Tobacco Control Network to support comprehensive tobacco control programs at the national, state, tribal, jurisdictional, and local levels. The NTCP is **dedicated to reducing the death and disease caused by tobacco use and exposure to secondhand smoke by focusing on four program goals:**

1. Preventing initiation of among youth and young adults
2. Promoting quitting among adults and youth
3. Eliminating exposure to secondhand smoke (SHS)
4. Identifying and eliminating tobacco-related disparities among population groups

These goal areas are derived from evidence-based Best Practices which supports environmental and health systems changes that will fulfill our vision of a world free from tobacco related death and diseases.

**It is our hope to make tobacco use a minor public health nuisance.**

This FOA uses a national network model of extended groups of organizations, individuals or other entities serving a specific population to provide mutual assistance, collaboration, learning and support to each other and the National Tobacco Control Program and the National Comprehensive Cancer Control Program to impact tobacco-related and cancer health disparities in special populations. The specific or target populations are:

1. African Americans
2. American Indian/Alaska Natives
3. Asian Americans/Pacific Islanders/Hawaiian Natives
4. Latinos/Hispanics
5. Lesbian, Gay, Bisexual and Transgender Americans,
6. Persons with Low Socioeconomic Status
7. Persons with Mental Health and Substance Abuse Disorders
8. Geographically Defined Populations with High Tobacco Use and Related Health Disparities.

Program strategies include:

- 1) administer national networks to impact tobacco-related and cancer health disparities through public health practices and services;
- 2) enhance public health competencies and skills to educate and communicate support for evidence-based commercial tobacco use prevention and cancer prevention environmental approaches to promote health and support and reinforce healthful behaviors;
- 3) convene public health partners and promote implementation of health system interventions;
- 4) build support for public health service and practice strategies to improve community-clinical linkages; and
- 5) translate and disseminate public health data and information for action among specific target populations.

There are five (5) component (focus) areas for this program. The awardee must meet the described expectations in each of these 5 areas:

- **Component 1**
  - Administer a national network to impact tobacco-related and cancer health disparities for a specific target population.
- **Component 2**
  - Educate and communicate support for evidence-based commercial tobacco use prevention and cancer prevention environmental approaches which support healthful behaviors among the target population.

- **Component 3**
  - Convene public health partners and promote implementation of health systems interventions that benefit the target populations
- **Component 4**
  - Build support for public health service and practice support strategies to improve community-clinical linkages that benefit the target populations
- **Component 5**
  - Translate and disseminate public health data for action which benefits the target population from current and new surveillance and epidemiology

#### Short Term Program Outcomes:

##### Increased:

- Community norms supportive of commercial tobacco use prevention and control and cancer prevention and control in the target populations
- number of organizations that support commercial tobacco use prevention and cancer prevention as priority areas
- use of population-specific strategies to address tobacco-related and cancer health disparities by CDC-funded tobacco use prevention and cancer prevention programs
- dissemination and diffusion of culturally appropriate population-specific strategies to impact tobacco-related and cancer health disparities.

##### Intermediate Outcomes:

- Enhanced population-specific data collection systems, analyses and interpretation at the national, state, local, tribal, territorial and jurisdictional levels.
- Increased use tobacco use cessation services including state-based and population-specific quitlines by the target populations.
- Increased use of primary cancer prevention strategies to reduce exposure risks, increase physical activity, improve nutrition, and increase use of vaccines that prevent cancer (i.e. Human Papilloma Virus (HPV) and (Hepatitis B Virus (HBV) vaccinations) among target populations.
- Increased use of clinical preventive services among target populations (i.e. cancer screening services).
- Increased ability of CDC to identify proven or promising public health practices for commercial tobacco use prevention and cancer prevention to benefit vulnerable populations.

##### Long-term outcomes:

- Increased infrastructure and capacity of CDC-funded programs to impact tobacco-related and cancer health disparities among the target populations.
- Decreased exposure to secondhand smoke among the target populations.
- Decreased tobacco use among the target populations.
- Increased support for cancer control self-management among cancer survivors in target populations for increased quality and duration of life.

Approximately \$5.2 million is available to fund 8-10 grantees. The average award will be approximately \$625,000. This FOA will support a 5-year project period. This is an open competition FOA. Special eligibility requirements are described on FOA page 28. Organizations must demonstrate national reach by providing an organizational chart that describes affiliate members in at least 5 of the NCCDPHP regions. A link to a map of the 10 NCCDPHP regions is in the FOA. In addition, applicants must provide letters of support from 2 affiliate members in each region.

- Letters of Intent (optional) are due June 7.
- Applications are due 11:59 pm (EST), July 18, 2013.
- Anticipated program start date will be in September 2013.

The application must include the following:

### **Letters of Intent**

A letter of intent is requested but optional. Applicants are encouraged to apply even if they have not submitted a letter of intent.

### **Table of Contents**

- Includes all documents included in the application.
- Name “Table of Contents” and upload as PDF under “other attachment forms.”

### **Project Abstract Summary**

- (Maximum of 2 paragraphs)
- Brief description of proposed project, include purpose and outcomes. Name “Project Abstract Summary” and upload in the mandatory documents list.

### **Project Narrative (18 pages, maximum)**

- Background
- Approach
  - Purpose
  - Outcomes
  - Program strategies
- Organizational Capacity
  - Organizational Capacity Statement
  - Project management
- Evaluation and Performance Measurement Plan
  - Evaluation plan

### **Work plan2**

- 25-page maximum
- See template at [www.cdc.gov/tobacco/osh/foa/national\\_networks/](http://www.cdc.gov/tobacco/osh/foa/national_networks/)

### **Budget Narrative**

- See required headers, FOA page 36

## **Application Submission**

Submit electronically to: [www.grants.gov](http://www.grants.gov). Review submission requirements on FOA pages 38-39. Be sure to allow ample time for the “validation process” described on FOA page 39.

## **Evaluation Criteria:**

- Approach (20 pts)
- Background (10 points)
  - Understanding of the need
  - History of working with organizations to address tobacco-related and cancer health disparity needs
  - Familiarity with evidence-based approaches to address relevant disparities
- Workplan (10 points)
  - Plan to adequately achieve the intended program outcomes
  - Comprehensive plan for the first budget period
  - Focus on priorities that addresses the needs of the specific population
- Organizational Capacity (65 points)
  - Organizational capacity statements describes:
    - ☐ Capacity, expertise and experience to enhance the quality and performance of public health programs, public health data and information systems, public health practice and services, public health partnerships, and public health resources that focus on tobacco-related and cancer health disparities in specific populations (30 points).
    - ☐ Description of existing, active, multi-sector public health partners includes: demonstrated success or experience as a partnership implementing evidence based strategies which benefit the target population. (10 points)
    - ☐ Relationship with Target Population (up to 15 points), that it, description of relationship with the target population (5 points); description of experience convening diverse, multi-sector partner’s representative of the target population (5 points); and examples of an established track record of providing technical assistance and trainings to CDC-funded programs (5 points.)
    - ☐ Project Management/Staffing Plans (10 points)
      - Indicates appropriate staff member experience
      - Demonstrates clearly defined roles for staff members
      - Demonstrates sufficient staff member capacity to accomplish program outcomes
    - ☐ Budget and Budget Narrative (reviewed, but not scored)
- **Evaluation and Performance Measures Plan (15 pts)**
  - Is consistent with the proposed work plan and the CDC evaluation performance strategy.
  - Is feasible and likely to demonstrate performance outcomes, including successes and needed improvements.
  - Develops measures of effectiveness that are consistent with the objectives identified in the work plan and are likely to measure the intended outcomes.

- Refer to the Tobacco Control Program Evaluation Plan Guidance:  
[http://www.cdc.gov/tobacco/tobacco\\_control\\_programs/surveillance\\_evaluation/evaluation\\_plan/index.htm](http://www.cdc.gov/tobacco/tobacco_control_programs/surveillance_evaluation/evaluation_plan/index.htm).

Phase I Review: All eligible applications will be initially reviewed for completeness by the CDC's Procurement and Grants Office (PGO) staff. Eligible applications will be jointly reviewed for responsiveness by the CDC National Center for Chronic Disease Prevention and Health Promotion and PGO. Incomplete applications and applications that are non-responsive to the eligibility criteria will not advance to Phase II review. Applicants will be notified that the application did not meet eligibility and/or published submission requirements.

Phase II Review: An objective review panel will evaluate complete and responsive applications according to the criteria listed in the Criteria section of the FOA. Applicants will be notified electronically if the application did not meet eligibility and/or published submission requirements thirty (30) days after the completion of Phase II review. Applications will be funded in order by score and rank determined by the review panel. CDC may fund out of rank order to ensure representation and inclusion of each of the target populations identified in the "Target Population" section of this FOA.

- Only one application for each target population will be selected for funding.
- The highest ranking applicant from any one target population focus area will be funded based on score.

CDC will provide justification for any decision to fund out of rank order.

For **programmatic technical assistance**, contact:

Brenda Richards, CDC Program Consultant  
National Center for Chronic Disease Prevention and Health Promotion  
Centers for Disease Control and Prevention  
Email: [DP13-1314FOARequest@cdc.gov](mailto:DP13-1314FOARequest@cdc.gov)

For **financial, awards management, or budget assistance**, contact:

Kathy Raible, Grants Management Specialist  
CDC Procurement and Grants Office  
2920 Brandywine Road, MS  
Atlanta, GA 30341  
Email: [kcr8@cdc.gov](mailto:kcr8@cdc.gov)

For assistance with **submission difficulties related to** [www.grants.gov](http://www.grants.gov), contact:

- Grants.gov Contact Center: 1-800-518-4726
- Hours of Operation: 24 hours a day, 7 days a week. Closed on Federal holidays.